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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 87

Registrar's No. 104

1. Place of Death: (a) County Gila (b) City or Town Globe, Rural (c) Location Route 1
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ✓; In Community 29 yrs.; In Arizona 29 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe, Rural
(If outside city limits also write RURAL)

(d) Street No. Globe, Route 1 (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Jos. Elizabeth Boar (b) If Veteran name war None (c) Social Security No. None

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Deceased

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife, if alive Deceased

7. Birthdate of deceased (Month) April (Day) 30 (Year) 1868

8. AGE: Years 78 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Logansport, Ind. (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business None

12. Name unknown Fuhrmann

13. Birthplace Germany (City, town or county) (State or Country)

14. Maiden Name unknown

15. Birthplace Germany (City, town or county) (State or Country)

16. (a) Informant's own signature Jos. M. Suffer

(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe (c) Date Oct 2, 1946

18. (a) Embalmer's Signature J. J. Miles Jr.

(b) Funeral Director J. J. Miles Jr.

(c) Address Globe, Arizona

19. (a) Oct. 28 - 46 (Date received Local Registrar)

(b) Gene Wauson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 17, 1946
TIME (Hour and minute) 7:15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to natural causes

Due to _____

Other conditions (include pregnancy within three months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. H. Coroner M. D.

Address Box 811 Globe, Ariz. Date signed Oct 23, 1946

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically